

**PSA JACKSONVILLE  
TRAINING/TDY ORDERS REQUEST**

Name (Last, First, MI):	Rank/Grade:	SSN:
Email address:	Phone:	PRD (yy/mm):
Are you requesting ...	Are you a frequent traveler? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are your requesting funding? <input type="checkbox"/> Yes <input type="checkbox"/> No cost	Do you desire an Advance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**TRAINING REQUEST INFORMATION**

Course Title:	Tuition/Conference/Registration fee:
Location:	Training Dates From: To:
Training Point of Contact:	Registration deadline:
Is this training on the individual's IDP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Quota Received:

**TAD REQUEST INFORMATION**

Reason for Travel:	
Travel From (city/state):	Conference/Registration fee:
Travel To (city/state):	
Return To (city/state):	
Depart Date:	Return Date:
Leave Dates: From: To:	
What Mode of Transportation do you desire? (Note: Your request may be modified to what is most advantageous to the government).	
If Rental Car, size requested:	PSA Authorizes <input type="text"/>

**TO BE COMPLETED BY DETACHMENT TRAVEL COORDINATOR**

Lodging:	If Commercial Lodging Authorized the...
	CNA number is <input type="text"/>
	If Government Lodging Available the....
PSA Authorizes: <input type="text"/>	BQ Confirmation number is <input type="text"/>
Messing:	PSA Authorizes: <input type="text"/>

**Estimated Costs:**

AIR FARE: <input type="text"/>	Current Balance: <input type="text"/>
PER DIEM: <input type="text"/>	Total Cost: <input type="text"/>
MISC: <input type="text"/>	New Balance: <input type="text"/>
TOTAL: <input type="text"/>	Advance Authorized: <input type="text"/>

	Signature	Date Approved	Date Disapproved
OIC/DEPT HD			
Training Officer			
Transportation			
Comptroller			
Executive Officer			

**FOR PSA JACKSONVILLE COMPTROLLER USE ONLY**

TANGO NUMBER:	SDN:
Accounting data:	AA 17 1804.60FA 000 68585 0 068732 2D 68585 E E
When TR is used:	AB 17 1804.60FA 000 68585 0 068732 2D 68585 E E



**PRIVACY ACT STATEMENT**  
**(5 U.S.C. 552a)**

**Authority:** 5 U.S.C. 5701, 5702, and E.O. 9397.

**Principal Purpose(s):** Used for reviewing, approving, and accounting for official travel.

**Routine Use(s):** None.

**Disclosure:** Voluntary; however, failure to provide the requested information may delay or preclude timely authorization of your travel request.

*Directions for building accounting data in the event of an emergency (see PSAJXSORM 1306-001).*

AA	17	1	1804.60FA	000	68585	0	068732	2D	S0111	68585	1	FE	001	E
----	----	---	-----------	-----	-------	---	--------	----	-------	-------	---	----	-----	---

Fiscal  
Year

TANGO  
Number

Fiscal  
Year

Use "001" for both  
emergency leave  
and evacuation.

**SDN/TON:** N685850 1 TO S0111      **CIC:** 3 1 S0111 N68585 UM

**Standard Document Number (SDN)**  
Block 2 of NAVPERS 1320/16

**Travel Order Number (TON)**  
Block 22 of DD Form 1610

**CIC** (block 19 of NAVPERS 1320/16 and DD Form 1610) is 15 digits build from SDN or TON. Use only if AMC Flight used:

DIGIT	ENTER
1 <sup>st</sup>	3
2 <sup>nd</sup>	FY – 8 <sup>th</sup> digit of SDN
3 - 7	TANGO Number – last 5 of SDN
8 – 13	1 <sup>st</sup> six digits of SDN – N preceded by UIC
14 - 15	Type of TDY – Use <b>"UM"</b> for emergency leave. Use <b>"00"</b> for evacuation.

**Additional References:**

- MILPERSMAN 1050-130
- MILPERSMAN 1050-140
- MILPERSMAN 1050-250
- MILPERSMAN 1050-260
- JFTR, Volume 1
- PSAJAXINST 3006.1B